

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036830

Entity Name: NUWAVE DESIGN, LLC

FILED
Apr 09, 2009
Secretary of State

Current Principal Place of Business:

10639 OLD HAMMOCK WAY
WELINGTON, FL 33414

New Principal Place of Business:

10639 OLD HAMMOCK WAY
WELINGTON, FL 33414

Current Mailing Address:

10639 OLD HAMMOCK WAY
WELINGTON, FL 33414

New Mailing Address:

10639 OLD HAMMOCK WAY
WELINGTON, FL 33414

FEI Number: 26-2386282

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS, INCORPORATED
1203 GOVERNORS SQUARE BLVD, SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARMSTRONG, CHRISTINE
Address: 10639 OLD HAMMOCK WAY
City-St-Zip: WELINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ARMSTRONG, CHRISTINE
Address: 10639 OLD HAMMOCK WAY
City-St-Zip: WELINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHRISTINE ARMSTRONG

MRS

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date